

WELCOME TO PUBLIC HEALTH IN WASHINGTON STATE

A Guidebook for Local Board of Health Members

December 2003

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PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

So what is *public health*?

Your community needs you! As a local board of health member, you are responsible for the protection of your community's health. You have the opportunity to provide vision, leadership and policy to make your community a safer, healthier place to live.

The highly public preparations for a possible smallpox attack... the westward flight of West Nile virus... the growing awareness that we face an epidemic of obesity... this year's headlines have provided constant reminders of the importance of public health. The tools public health uses to respond to these emergent and very public crises – disease surveillance, laboratory testing, epidemiology, environmental monitoring, distribution of medicines and vaccines, health education and more – are the same tools it uses every day as it works around the clock, and often behind the scenes, to protect the public's health and safety from various threats.

Public health is about understanding and preventing disease and injury across our entire population. It is a public and private partnership that improves health status by applying science to medical practice, personal behavior and public policy. Public health services help communities to be healthy places to live, work and play, serve as a resource for reliable health information and protect communities from hazards in the environment.

A hundred years ago, the average American lived to be 45. Through public health's leadership in communicable disease prevention and control, sanitation, immunization, nutrition and education, the

According to the Institute of Medicine, *public health* is “**fulfilling society's interest in assuring conditions in which people can be healthy.**”¹

average lifespan in the United States has increased dramatically to 75 years. Advances in preventing premature death from heart disease, cancer, stroke and a dozen other illnesses are among the reasons our lifespan continues to rise.

A 2002 Institute of Medicine Report, *The Future of the Public's Health in the 21st Century*, notes that while as much as 95 percent of health care spending goes to medical care and biomedical research, “there is strong evidence that behavior and environment are responsible for more than 70 percent of avoidable mortality.” Public health's enemies today include tobacco use, poor diet, lack of exercise and environmental pollution. That is why current public health efforts have tended to focus on assuring healthy environments and promoting healthy behaviors.

At the same time, the heightened concerns about bioterrorism have increased awareness of public health's continuing efforts to confront a traditional enemy – communicable disease. Because of our growing interconnectedness in an increasingly global world, the United States and Washington face a compound threat – from new and re-emerging diseases and from diseases that have become resistant to

antibiotics, as well as from the possible use of biological weapons.²

You will face many challenges in your work as a board of health member – always balancing community values regarding the rights of private citizens and businesses and the energy of voluntary action against the need for judicious use of government’s power to protect against health threats. You will be dealing with such issues as emerging infectious diseases, the provision of life-saving services and the appropriate limits of educational and regulatory programs all within the context of limited resources. Your job is to preserve the public/private balance so that public health fulfills its potential to be your community’s most powerful and cost-effective way to maintain and improve the health of all residents and visitors within your jurisdiction.

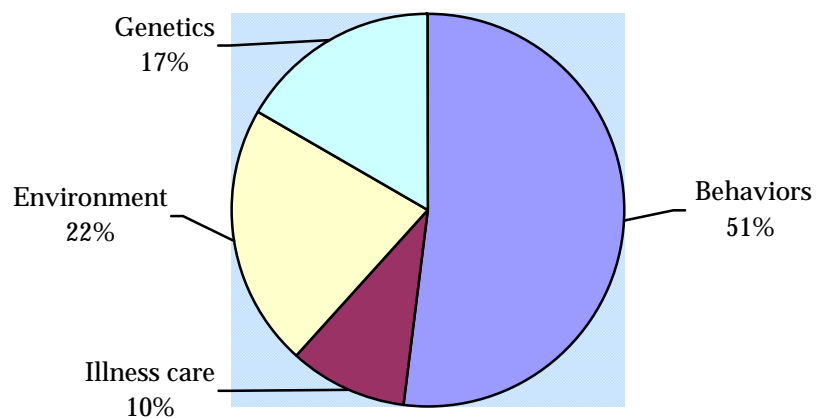
What determines public health?

When many people think about public health, they think about restaurant inspections, septic system permits or sexually transmitted disease clinics. Some may wonder whether all those government regulations to protect people from disease are really needed. But most people are not aware that since 1900, the average life expectancy of Americans has risen from 45 to nearly 77 years, a 32-year increase. Public health, through such measures as regulation of sanitation, immunization and education, is responsible for at least 25 of those years.³

Similarly, when most people think about today's health threats, they think about diseases like heart disease, cancer and stroke. When those in public health think about these health threats, they think of protection and prevention. Cancer, heart disease and stroke are preventable public health problems. In fact, about half of all deaths are caused by tobacco use, improper diet, lack of physical activity, and alcohol and drug abuse. The National Academy of Sciences' Institute of Medicine concluded in a November 2002 report that only 10 percent of premature deaths in the U.S. could be avoided with better access to health care, while 70 percent could be prevented by reducing environmental threats and risky individual behavior. The remaining 20 percent are due to inherited conditions.

Your community is relying on you for innovative solutions that blend solid science with your community's values and resources to produce community

What determines health?



partnerships and leadership as you tackle the issues of public health. As you do this, it is important to keep in mind your board's mission for the community's future.

How it all began

Examples of community sanitation and the need for good personal health practices appear throughout recorded history.

Ancient civilizations built drainage and water-flushing systems. The Romans constructed aqueducts to bring drinking water to cities and subsurface drains to remove wastewater. Lack of community sanitation significantly contributed to plagues in Europe during the Middle Ages. Refuse and body wastes accumulated in homes, the streets and water supply systems. Major epidemics followed.

Centuries before the settlement of North America by Europeans and Africans, Native Americans established customs and rules protecting public health. They addressed food preparation and preservation, water protection and general sanitation.

Elements of modern public health developed in America from the earliest days of colonial settlement. Colonial America was also threatened by epidemic disease. The American response to epidemics was to begin recording births and deaths in 1639. Although local quarantine laws were enacted beginning in 1647, records indicated that Petersburg, Virginia was first to establish a local board

of health in 1790. By 1800, permanent local boards of health were established in Baltimore, Philadelphia, New York and Boston. Concerns of the day included drinking water quality, sewer construction, marsh drainage, interment of the dead, tree planting, vegetable growing and damp cellar habitation.

During the last half of the 19th century and the first half of the 20th century, public health officials struggled with how to handle infectious diseases. Strategies included major sanitation measures, the development of effective vaccines and mass immunizations. These strategies were so successful that today, only 1 percent of the people who die before age 75 in the United States die from infectious diseases.

In 1900, the leading causes of death were influenza, pneumonia, diphtheria, tuberculosis and gastrointestinal infections; the mortality rate was 580 per 100,000 people. Today, only 30 out of every 100,000 people die from these diseases each year. These gains were achieved through improved sanitation, better nutrition, the pasteurization of milk and the control of infectious diseases, rather than treatment and curative methods.

The Washington State Constitution created the State Board of Health in 1889. The first city/county health department in the nation was established in Yakima, Washington, in 1911, following a typhoid outbreak investigated by the U.S. Public Health Service. The first Washington State Department of Health was formed in 1921. The department became a division of the Department of Social and Health Services in 1970, and was re-established as a separate Department of Health in 1989.

Today's public health system

Public health in the United States today includes a wide variety of governmental public health agencies, as well as other community and private organizations.

The Washington governmental public health system is described in state law as comprising the Washington State Department of Health, the State Board of Health and local health jurisdictions. State law defines the primary responsibility of the public health system as taking actions necessary to protect, promote and improve the health of the population. As such, public health is responsible for protecting entire communities by providing or assuring population-based services. The role of government in public health protection focuses on three core functions.

1. **Assessment:** Public health tracks the circumstances of birth, illness and death, and the factors that surround these events, as well as available health resources and their application, unmet needs and citizens' perceptions about their health.
2. **Policy development:** The information taken from the assessment data is used to develop state and local health policies. Policies are incorporated into community priorities and plans, public agency budgets and local ordinances and statutes.
3. **Assurance:** This function translates the policies into services and monitoring the quality of all health services provided – public and private.

The governmental public health system in this state has developed standards that describe the policies, procedures and activities that must be in place at the state

and local levels to evaluate and protect public health in Washington.

Local public health agencies and local boards of health form the local action arm of the Washington state public health system. Local elected officials constitute the majority of the membership of local boards of health. These local boards have broad legal authority and responsibility to protect the public's health and enforce a variety of local, state and federal laws and regulations.

The **State Board of Health** is an independent, 10-member board appointed by the Governor to protect and promote the public's health. Law requires its membership to include two local board of health members, one local health officer, experts in health and sanitation, consumers and the state secretary of health. Its chair must be one of the citizen members. The board sets public health policy by making rules for most "traditional" public health activities including vital records; infectious disease reporting and control; drinking water safety, food safety and other environmental conditions; childhood immunizations; health screenings and more. In addition, the board provides a forum for public health policy development; studies health problems; recommends health policy to the Secretary of Health and to the Governor through an annual report and the biennial, legislatively mandated [Washington State Health Report](http://www.doh.wa.gov/sboh/Pubs/2002SHR.pdf) (<http://www.doh.wa.gov/sboh/Pubs/2002SHR.pdf>).

The **State Department of Health** is responsible for preserving and improving the health of the public, monitoring health care costs, maintaining standards for quality in health care delivery through professional and health facility licensing, and generally overseeing and planning state public health activities. To accomplish this, the agency carries out specific program activities; enforces statutes; promulgates and enforces rules; identifies and studies disease outbreaks; exercises general supervision over the work of, and provides technical assistance to, local public health jurisdictions; and functions as the State Registrar of Vital Statistics (dealing with official birth and death records).

The **Washington State Legislature** provides overall policy direction and system coordination through legislation. When needed, administrative rules are developed by a state agency as authorized by legislative mandate to implement the law.

Other state agencies with public health responsibility include:

- Department of Agriculture
- Department of Ecology
- Department of Labor and Industries
- Department of Social and Health Services
- Health Care Authority
- Office of the Insurance Commissioner
- Office of the Superintendent of Public Instruction
- Department of Community, Trade and Economic Development
- Washington State Patrol
- Washington Traffic Safety Commission

- Department of Transportation
- Institutions of Higher Education

Examples of **regional agencies** with related activities are:

- Local Air Pollution Control Authorities manage air quality through regulation of pollution sources. These agencies cover more than 20 counties; the remaining counties are covered by the Department of Ecology.
- Regional Support Networks (RSNs) serve people in a crisis, the chronically mentally ill and the seriously disturbed. They maintain involuntary treatment and crisis response services.
- Area Agencies on Aging contract out a wide array of support services for clients to local providers, including LHJs.

Most **federal public health agencies** are organized within the U.S. Department of Health and Human Services (DHHS). Within DHHS is the U.S. Public Health Service. The federal Centers for Disease Control and Prevention (CDC), a division of the U.S. Public Health Service, provides technical expertise to local and state public health agencies when outbreaks occur, or when uncommon or new diseases appear. The CDC undertakes research and develops epidemiologic (the study of the factors and relationships which determine the

While local, state and federal agencies - in conjunction with private organizations - promote public health, it is each individual's responsibility to make healthy choices. But healthy communities are more than collections of healthy individuals. Boards of health can assess a community's needs and make policies to assure an environment where healthy lifestyle choices are among the easiest choices for individuals to make.

frequencies and distribution of disease in populations), medical and managerial approaches for the public health field. Some state and local agencies receive grant funds from DHHS agencies.

Other federal agencies with public health responsibilities include the U.S. Department of Agriculture, Food and Drug Administration, Environmental Protection Agency, Occupational Safety and Health Administration, and various branches of the military.

There are several federally recognized Sovereign Indian Nations in Washington. Programs operated by tribes, by the Indian Health Service (IHS) and by urban Indian organizations provide health care for eligible persons in the state. Levels and kinds of services vary, but include acute, chronic and preventive care. There are limited specialty services, and no IHS or tribal hospitals in Washington.

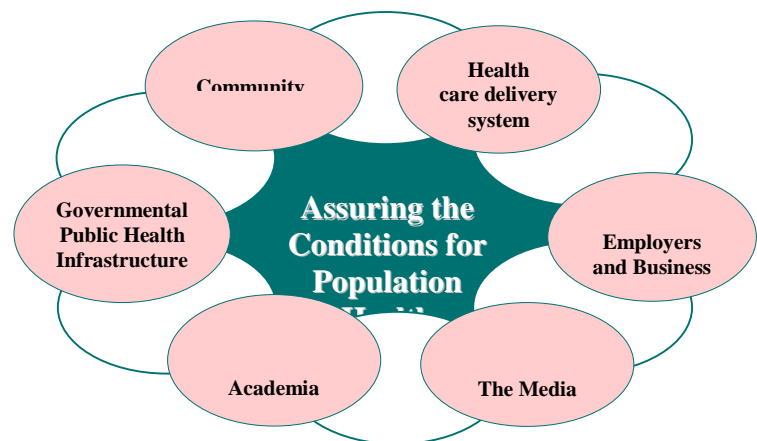
Many other **professional and voluntary organizations** and individuals have major roles to play in protecting the health of the community. These include:

- Hospitals;
- Local physicians and nurses;
- Mental health, urgent care and community health centers;
- Medical, dental, nursing and pharmacy associations;
- Heart, lung and cancer voluntary organizations; and
- Colleges, universities and vocational training institutions.

It is important to remember that public health serves everyone. Where local health jurisdictions have chosen to offer selected personal health services, it is primarily to control communicable disease and to foster the well being of mothers and children. Compelling vision and leadership at the local, state and national levels are needed to fulfill the potential of improved health status and quality of life in each community.

An important partner in public health is the Washington State Association of Local Public Health Officials (WSALPHO).

The Public Health System⁶



WSALPHO is a non-profit organization that brings together the leadership of local health departments. The Association creates a constructive and collegial environment needed to advance the broad interests of public health. In support of public health's mission, WSALPHO works to encourage improvement in the quality, capacity and leadership of LHJs in order to provide a more effective, efficient and consistent public health infrastructure throughout Washington state.

Boards of health and legal authority for public health

Local health jurisdictions (LHJs) in Washington state are governed by both local and state laws and rules. Local boards of health are the governing boards for local health jurisdictions. They establish the policy framework for the agency.

The board selects and oversees the professional leadership of the local public health agency, adopts local ordinances and resolutions, and approves budgets. They may hold hearings on appeals, and grant waivers if allowed under law or regulation.

Other increasingly critical governance functions may include providing local public health vision, mission and advocacy, and encouraging community involvement in selecting public health priorities.

What are the responsibilities of a local board of health?

Responsibilities of local boards of health are stated in RCW 70.05. They include:

- Enforcing state public health statutes, rules and regulations;
- Supervising health and sanitary



- measures to protect the public health;
- Enacting local rules to preserve, promote and improve public health;
- Controlling/preventing contagious disease;
- Preventing and controlling nuisances detrimental to the public health;
- Making required reports to the State Board of Health and Department of Health;
- Establishing fees authorized by statute and the State Board of Health; and
- Appointing a local health officer.

the programs they oversee; and assess the capacity and performance of the LHJ using tools like the Public Health Improvement Partnership's Standards (www.doh.wa.gov/phip/default.htm).

An effective board will always be working to integrate community values with emerging public health issues and needs. Your participation is needed to help your board do its best. Whether or not you are an expert in public health, you are an expert in some important perspective within your community.

**"Illness care is vital to some of us some of the time.
Public health is vital to all of us all of the time."**

**C. Everett Koop, MD
Former Surgeon General of the U.S.**

Local regulations and ordinances enacted by boards of health (such as food, water and sewage regulations) may be more but not less stringent than state and federal regulations.

Providing adequate funding and direction for legally mandated services enhances the health of the community and minimizes LHJ liability.

Thoughts from past and current local board of health members

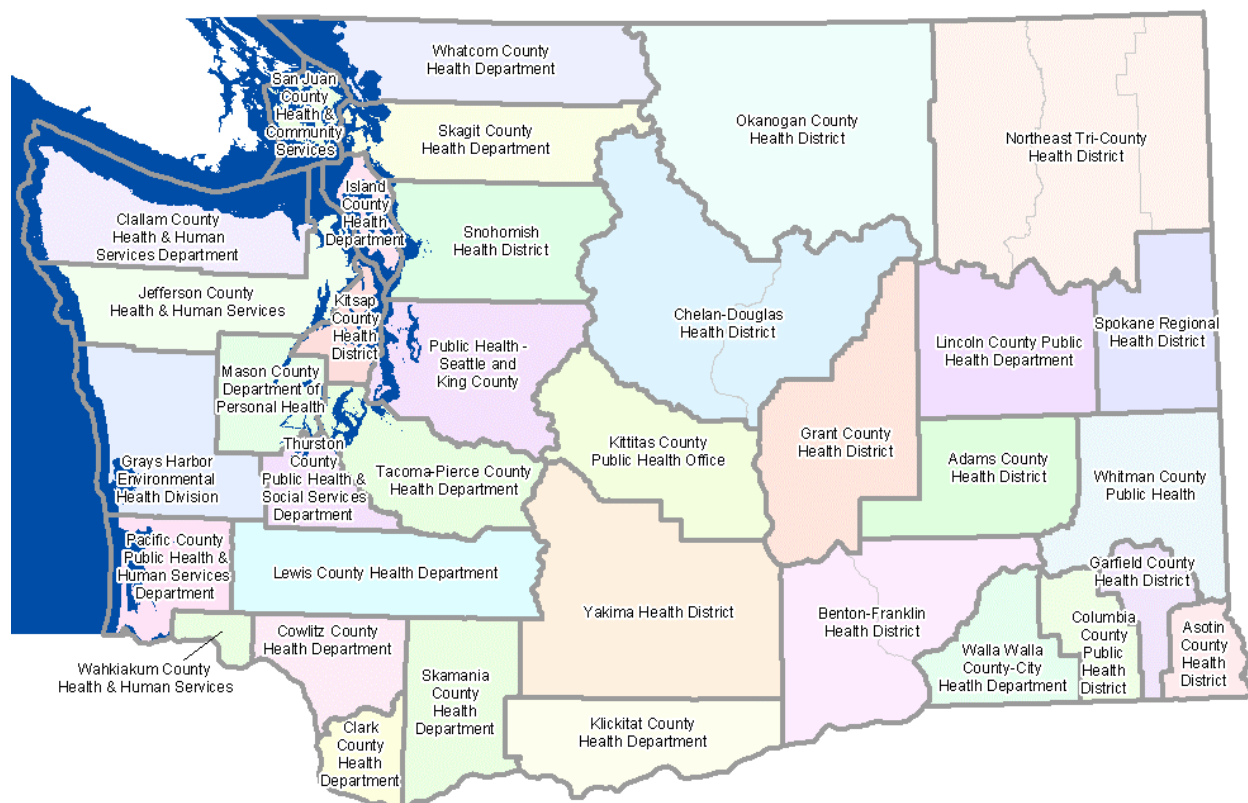
It is important to remember that, as a local board of health member, you are a powerful voice on public health matters in your community and across the state.

As you are well aware, your board's time and attention are scarce resources – use both on issues that make a difference. It is important to understand the larger context (state and local trends) of your deliberations.

Local boards of health should meet frequently enough to keep abreast of important developments. Monthly meetings seem a minimum, and the most active boards meet more often. Like any important governing body, local boards of health should create annual goals; understand their bylaws and parliamentary procedures; learn about

Enabling legislation for local public health

<u>RCW</u>	<u>Title</u>
- 70:	Public Health and Safety
- 70.05:	Local Health Departments, Boards, Health Officers
- 70.08:	Combined City-County Health Departments
- 70.46:	Health Districts
- 70.12:	Public Health Funds



Health departments, districts and multi-county districts

Washington has 35 local health jurisdictions that are entities of local government. They are not satellite offices of the State Department of Health or the State Board of Health. State law requires that every county choose some form of local public health governance. They may either form a local health department or district, or be part of a health district with other counties. The specific options are outlined in RCW.

The functions of LHJs are carried out in response to:

- Laws (RCWs) passed by the Washington State Legislature, e.g., the AIDS Program;
- Rules (WACs) generally promulgated by the State Board of Health or the State Department of Health, such as food and water regulations;

- Needs identified and funded by the U.S. Congress and federal agencies, such as Maternal and Child Health programs;
- Local needs, such as early childhood intervention and youth tobacco prevention; and
- Other programs funded from a variety of sources, including Department of Social and Health Services for specific public health problems, such as dental health and/or family planning.

In some instances, state agencies other than the State Board of Health or State Department of Health delegate responsibility to local health jurisdictions. Responsibility for aspects of solid waste and toxic chemical management, delegated by the Department of Ecology, are two examples.

Local health officer

Local boards of health hire the health officer and/or administrator, who is charged with the responsibility of hiring staff to carry out agency functions. By state law, a health officer must be a licensed physician with specific education and training in public health and with certain fixed responsibilities.⁴ According to the RCW, a health officer has the responsibility to “inform the public as to the causes, nature and prevention of disease and disability, and the preservation, promotion and improvement of health.”

In law and regulation, the health officer has specific authority and responsibility related to protecting the public’s health. Examples include: declaring a public health emergency due to a disease outbreak or other public health threat; calling a press conference or otherwise notifying the public about health risks; and taking necessary legal actions that may include isolating those carrying infectious diseases, quarantining people or places when a health threat is suspected, excluding ill children from school, closing a restaurant, stopping construction or habitation when unsafe public sewage disposal or drinking water conditions exist, or ordering illegal dump site cleanup.

The Legislature requires that local health officers in Washington state be physicians licensed to practice medicine and surgery or osteopathy and surgery, **and** hold a Masters of Public Health (MPH) degree, or its equivalent. Physicians who do not have an MPH can serve as health officer, but must agree to three initial years of service as a provisionally qualified local health officer and participate in an orientation to public health, which includes annual evaluations by the Secretary of the Department of Health or his/her designee. With a background of specialized training in public health, the health officer is usually expected

to play a vital role with both the board and local health care providers in advising and advocating on behalf of the community’s health.

Health officer roles and responsibilities vary from LHI to LHI and may vary over time; however, common themes in their activities do exist:

- Infectious diseases and environmental health are primary areas of responsibility for all health officers, each with a number of regulatory responsibilities.
- Health officers are frequently required to interpret and communicate health data and information in a variety of settings and help identify priorities and emerging trends. As public health leaders in their communities, they often mobilize and educate the community and help them decide on actions to address problems.
- Health officers typically play a critical role in health jurisdiction activities through their relationships with key entities, particularly the local boards of health, city council, the medical community, the media and the public.

The local board of health may also hire an administrator to oversee the day-to-day operations of the department or district.

Public health system funding



At one time, local tax dollars were the single largest revenue category in local public health budgets. Over the years, increasing local demands for criminal justice and other needs, together

with the growth of federal and state public health and social service program funding opportunities have reduced the proportion of locally raised tax revenue flowing to public health.

In 1996, 2.95 percent of each city's Motor Vehicle Excise Tax (MVET) was placed in a fund administered by the Department of Community, Trade and Economic Development. Subsequently, the legislature repealed the MVET and appropriated state funds to "backfill" lost MVET funds for local public health. This state revenue source is one of the larger single contributions to local public health financing, and is dependent upon reauthorization by the legislature every biennium.

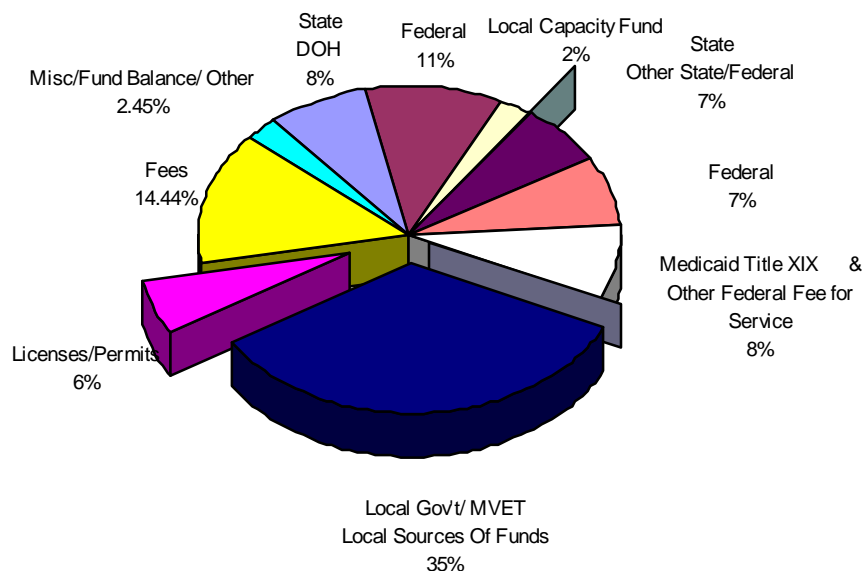
Earned income is, in most cases, a larger revenue category. This category has played an increasing role on the revenue side of the budget in recent years. Earned income comes from a variety of sources, such as contracts with school districts, Department

of Health, Department of Ecology, federal agencies, Medicaid, Medicare, private pay and private insurance reimbursement for direct medical services, environmental health permits and licenses, and vital records fees.

LHJ budgets contain state funds from the Department of Health for HIV/AIDS prevention and education, and for local capacity development; Department of Social and Health Services for substance abuse prevention and treatment, and mental health; Department of Community, Trade and Economic Development; and other state sources.

Most federal funds are distributed by a state agency as "pass-through" money; the state may also contribute funds. This mixture of state and federal dollars is distributed to the local health jurisdictions. Federal funds are program-specific and categorical, such as Maternal and Child Health program support, or sometimes are set up as direct grantor contracts.

Public Health Services Funding of Local Health Jurisdictions 2001⁵



The value of vaccines and medications provided by the state or federal governments is also reflected in the budget. Specific local agency budgets may contain other funding sources for special projects such as promotion of bicycle helmet use. Local budgets and fee schedules are available from your agency staff.

In 1993, the State Legislature instituted funding to support locally determined community health priorities in addition to the previous categorically funded programs. This “urgent needs” funding of the 1993 Health Services Act has been continued as the “local capacity building” appropriations.

Notes and acknowledgements

Acronyms

Public health, as many fields, uses a number of acronyms. Rather than list them all here, please visit the glossary at http://www.doh.wa.gov/OS/Vista/List_of_acronyms.htm.

Acknowledgements

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Endnotes

¹Institute of Medicine, National Academy of Sciences. *The Future of Public Health*. Washington, DC: National academy Press; 1988.

²Washington State Board of Health. *Annual Report 2002*.

³Washington State Department of Health. *Public Health Improvement Plan*. 1994.

⁴RCW 70.05.070 (abbreviated).

⁵Washington State Department of Health. BARS A Reports. *2001 Revenue Summary*. 2001.

⁶Institute of Medicine, National Academy of Sciences. *The Future of the Public's Health in the 21st Century*. 2003.

Useful Web sites

Local health jurisdictions: <http://www.wacounties.org/wsalpho>

Washington State Board of Health: <http://www.doh.wa.gov/sboh>

Washington State Department of Health: <http://www.doh.wa.gov>

University of Washington School of Public Health and Community Medicine:

<http://depts.washington.edu/sphcm>